

REC'D - 1000 AM FEB 15 2019

FEB 15 2019

COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
Capital Complex East, 1025 Capital Center Drive, Suite 104
Frankfort, KY 40601
PHONE: 502-564-7954 OR 800-664-7954
FACSIMILE: (502) 695-5939
ETHICSFILER@KY.GOV

Executive Branch
Ethics Commission

STATEMENT OF FINANCIAL DISCLOSURE

For Calendar Year ~~2019~~ 2018

See Attached
with

COMPLETE ALL SECTIONS WITHOUT LEAVING ANY SECTION BLANK

EXECUTIVE BRANCH OFFICERS: Submit by one of the prescribed methods by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

CANDIDATES FOR CONSTITUTIONAL OFFICE: Submit by one of the prescribed methods by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

**STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE
AVAILABLE FOR PUBLIC REVIEW**

ANSWER EVERY QUESTION

1. Name: Last **EDELEN** First **ADAM** Middle or Maiden **HAYES**

2. Home Street Address:

City: - - State: **KY** Zip: 4

Home Phone: () - Home E-mail address:

Mobile Phone: () -

3. If you are a candidate for a constitutional office, check appropriate box:

Agriculture Commissioner
 Attorney General
 Auditor of Public Accounts
 Governor

Lt. Governor
 Secretary of State
 State Treasurer
NOT A CANDIDATE

4. Title of Position or office in 2019 that requires filing:

Beginning Date:

Do you still occupy this position? Yes No If no, ending date:

STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: **General Government**

Department or Office:

Division:

Work Street Address:

City: _____ State: _____ Zip: _____
Work Phone: () - Ext. _____ Work E-mail address: _____

If not employed by state agency, current employer: **Edelen Strategic Ventures, LLC**

Work Address: 300 East Main Street, Suite 210

City: **Lexington** State: **KY** Zip: **40507-**

Title of any other state jobs or positions you held during the reporting year, including state government agency name.

NONE

5. Name and address of any other employers (including self-employment) during reporting year: **NONE**

Employer: _____
Work Address: _____
City: _____ State: _____ Zip: _____

6. Marital status:

Single
 Married
 Widowed (if event occurred prior to calendar year 2019 skip to Question 8.)
 Divorced (if event occurred prior to calendar year 2019 skip to Question 8.)

If married, please give spouse's full name (including maiden name where applicable):

Last: **EDELEN** First: **MELISSA** Middle: **JO**

7a. Spouse's current employer and employer's address:

NONE

Employer: **Heron Therapeutics**
Work Address: **4242 Campus Point Court**
City: **San Diego** State: **CA** Zip: **92121-**
Work Phone: **(858) 251-4400** Work E-mail address: _____

7b. Spouse's position: **Executive**

7c. Other employers of Spouse (including self-employment during reporting year)

NONE

8. List the full name of each dependent child of you and/or your spouse: **NONE**

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business: **NONE**
Founder, Edelen Strategic Ventures, Partner, Goldenrod Renewables, Partner, EDC Holdings, Partner, Carbon Capture Resources (All 300 East Main Street, Lexington, KY 40507)

10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business: **NONE**
See Attached note

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business: **NONE**
**Edelen Strategic Ventures (100% owned) EDC Holdings (33% ownership)
Goldenrod Renewables (40% ownership) Carbon Capture Resources (15% ownership)**

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source. **NONE**

Fidelity Investment Account

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity. **NONE**

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business. **NONE**

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000): **NONE**
**KY
531 Houston Oaks Drive, Paris, KY 40361**

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family. **NONE**

17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: **NONE**

Traditional Bank, 49 West Main Street, Mt. Sterling, KY 40353
Loan Care, 3637 Sontara Way, Virginia Beach, VA 23450

18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO

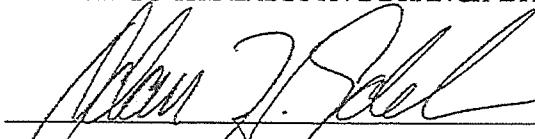
YES

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
IN THIS STATEMENT OF FINANCIAL DISCLOSURE
IS COMPLETE AND ACCURATE.**

SIGN AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION AS DESCRIBED BELOW.

Signature



Date: 14 Feb 15

Typed or printed name

Adam H. Edelen

PENALTIES:

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. KRS 11A.990(2).

FINES: Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. KRS 11A.100(3).

When you have answered every question, PRINT the Disclosure, SIGN it, and SUBMIT it by:

ELECTRONIC MAIL: EthicsFiler@ky.gov

FAX: (502) 695-5939

IN PERSON or by U.S. MAIL:

Executive Branch Ethics Commission
Capital Complex East, 1025 Capital Center Drive, Ste 104
Frankfort, KY 40601

Trigg, Bill (Ethics Commission)

From: Will Carle <
Sent: Thursday, February 21, 2019 5:32 PM
To: Trigg, Bill (Ethics Commission)
Subject: Re: Adam Edelen's CY2018 statement of financial disclosure (SFD)

Bill,

Sorry for delay. That is fine to put 2018. None of the information provided will be different. Thank you!

Will

On Tue, Feb 19, 2019 at 11:44 AM Trigg, Bill (Ethics Commission) <Bill.Trigg@ky.gov> wrote:

Hello, Mr. Carle:

Thank you for sending in Candidate Edelen's CY2018 statement of financial disclosure, received on 02/15/19.

It appears that we still need an answer to question #10, regarding other positions Mr. Edelen may have held in business during CY2018. Could you help with this? An answer by return e-mail will be fine. We will attach a copy to the SFD and consider it complete.

Sorry to trouble you with this.

Bill Trigg, Staff Assistant
Executive Branch Ethics Commission
#3 Fountain Place
Frankfort, Kentucky 40601
502/564-7954

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Will Carle
Campaign Manager
Edelen Holland 2019

502-303-4318
@willcarle

Trigg, Bill (Ethics Commission)

From: Trigg, Bill (Ethics Commission)
Sent: Tuesday, February 19, 2019 12:57 PM
To: 'Will Carle'
Subject: RE: Adam Edelen's CY2018 statement of financial disclosure (SFD)

Hello, again.

I apologize for not noting this sooner, but Mr. Edelen's financial disclosure came in on a "For Calendar Year 2019" form. It is the form for calendar year 2018 that current candidates for constitutional offices are to file. We will change the heading to read "For calendar Year 2018" at your direction. This will be taken as an assurance that all of the information on the form is relevant to the 2018 calendar year.

Thank you,

Bill

From: Will Carle <will@adamedelen.com>
Sent: Tuesday, February 19, 2019 12:16 PM
To: Trigg, Bill (Ethics Commission) <Bill.Trigg@ky.gov>
Subject: Re: Adam Edelen's CY2018 statement of financial disclosure (SFD)

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****CAUTION** PDF attachments may contain links to malicious sites. To verify the destination of the hyperlink in an attachment, hover your mouse over the link and verify the link address. If you are unfamiliar with the address or the address looks suspicious, do not click on the link and delete the email immediately. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**

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Bill,

Apologies on our end. He just forgot to check the "none" box. I have checked it and have attached the sheet. Thank you for bringing this to our attention. Have a great day! Please let me know if there are any other questions.

Will

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Bill Trigg, Staff Assistant
Executive Branch Ethics Commission

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531 Houston Oaks Drive, Paris, KY 40361**

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